

Nottingham City Joint Health and Wellbeing Strategy 2 year progress report

Appendix 1 Progress tables

Healthy Nottingham: Preventing alcohol misuse

	What We Will Do	RAG	Progress and Impact
Headline Outcome	We will reduce the proportion of adults who drink at harmful levels by a third	AMBER	<ul style="list-style-type: none"> The proportion of adults drinking at increasing or higher risk levels reduced from a baseline of 12% in 2012 to 9% in 2014 according to the results of the annual Citizens' Survey. The strategy target is 8%. This is a reduction from 19% in 2009 when this was first measured in the Citizen Survey.
Secondary Outcomes	Reduced alcohol-related anti-social behavior including street drinking	AMBER	<ul style="list-style-type: none"> The annual Respect Survey of anti-social behaviour and crime recorded a range of positive results for alcohol informed ASB. In neighborhoods citizen's negative perceptions of street drinking have reduced from 16.2% in 2012 to 13.3% in 2014. Negative perceptions of drunkenness and rowdiness in neighborhoods have reduced from 16.2% in 2012 to 13.8% in the latest survey. The city centre has also seen considerable improvements with the largest ever perception of safety in the night time economy having been registered at 55% up from 46.3% in 2012 and a majority of citizens for the first time. Perceptions of city centre street drinking have reduced to 27.9% from 36.% in 2012 while drunken / rowdy behaviour is down to 32.3% from 40.4% over the same time period.
	Fewer adults binge drinking	GREEN	<ul style="list-style-type: none"> 18.7% of respondents of Citizens' Survey in 2014 compared to 23.7% in 2012 were recorded as 'binge drinkers'. , Although these finding may have been affected by a change in the fieldwork timing of the current Citizens' Survey.
	Lower rates of alcohol-attributable crime	AMBER	<ul style="list-style-type: none"> Recent changes to crime recording practice have resulted in a considerable increase in the number of violent incidents recorded as crimes. As a result, given the proportion of alcohol related violent crimes the recorded figure has increased on the year (to 4,947 crimes in 2014/15 compared with 4,788 in 2013/14). It should be noted however that nationally the number of estimated alcohol related crimes considerably exceeds that which is routinely recorded by police forces. A more stable measure is for serious NTE violence (a key alcohol related crime type) which has reduced by 14% in the 2014/15 year. This measure, having been less affected by crime recording changes represents a good control

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			measure and accords with the increased citizen perception of safety reflected in the Respect Survey results for 2014.
	Fewer alcohol-related deaths	AMBER	<ul style="list-style-type: none"> The latest published data is for 2012. In 2012 the alcohol-related mortality rate was 80.9 per 100,000 population for males and 33.4 per 100,000 population for females. These rates are higher, but not statistically significantly higher than the England rates. Local Alcohol Profile for Nottingham. Available at:
Key Actions	A complete ban on street drinking across the city	GREEN	<ul style="list-style-type: none"> Following consultation and engagement the expansion of the Designated Public Place Orders (DPPOs) was ratified by Full Council in January and came into force in March 2014. The establishment of a city-wide street drinking ban through the DPPO represents a piece of best practice for the city and a national first. The work led by Community Protection has allowed the smooth migration of the city-wide DPPO into the new Public Space Protection Order (PSPO) arrangements.
	Ensure that the recovery of those in treatment is supported by addressing wider factors associated with dependency, including housing and social care needs, employability, family support needs and domestic violence	GREEN	<ul style="list-style-type: none"> To further support domestic violence survivors with alcohol treatment needs work is being undertaken to ensure that information sharing arrangements are in place between alcohol treatment providers and processes to support medium and higher-risk abuse survivors such as the Multi-Agency Risk Assessment Conference (MARAC), Multi-Agency Public Protection Arrangements (MAPPA), Domestic Abuse Referral Team (DART). From November 2014 the alcohol treatment pathway was recommissioned with all contracts of the model being successfully tendered for by the Framework Last Orders service. A new performance framework has been established which also aims to identify the value of health promotion activity through more directly monitoring referrals, especially self-referrals. First quarter performance data is currently awaited by commissioners and will be provided to the Health and Wellbeing Board once available.
	Support families, and their carers, to reduce their drinking, and join up referral between alcohol health	GREEN	<ul style="list-style-type: none"> The Crime & Drugs Partnership commissions the Explore Family service which is provided by Lifeline in partnership with the Children's Society. The service provides support to children, adults and whole families that

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	promotion, treatment and aftercare services		<p>are affected by someone else's substance misuse.</p> <ul style="list-style-type: none"> The ongoing process of service review for Explore Family, alongside the review of the city's treatment systems for substance misuse seeks to ensure that referrals into the service are maximised appropriately. This is to be achieved through the continuous development and improvement of the pathway to ensure as seamless a treatment journey as possible. The current referrals have increased from eight referrals in the 2013/15 year to that many in one quarter of 2015/15. This has followed increased on-site working at alcohol treatment facilities.
	Raise awareness of the risk of excessive alcohol consumption among students through targeted health promotion work	GREEN	<ul style="list-style-type: none"> The Last Orders services undertakes wide ranging engagement with students on the risks of alcohol misuse and provides an intensive programme of engagement at induction weeks and other events.
	Provide universal, good quality drug and alcohol education and deliver effective harm reduction messages to children & young people	GREEN	<ul style="list-style-type: none"> Nottingham currently employs the DrugAware scheme to schools in the city which delivers drugs and alcohol education to children and young people in an educational setting. The scheme is due to be evaluated to ensure that it is functioning as effectively as possible. Results of this evaluation will be made available as they become available. Of 103 primary and secondary schools in Nottingham 74 currently deliver the DrugAware scheme. Work between NCC Children and Families department and the CDP is underway to ensure take-up of the service across all of the city's schools. In April 2014 DrugAware was awarded a PSHE Quality Mark.
	Support professionals working with citizens to identify harmful levels of drinking and signpost to and support a healthier approach to alcohol consumption	GREEN	<ul style="list-style-type: none"> The commissioned Last Orders Service has delivered alcohol awareness and Identification and Brief Advice (IBA) training across a range of professional disciplines including police officers, PCSOs and CPOs, dentists, social workers, magistrates, Street Pastors, Complex Care staff and pharmacists. In 2012/13 807 individuals were trained in IBA alongside a further 839 professionals trained in alcohol awareness. This level of delivery has been sustained into 2013/14. The recommissioning of the city's alcohol treatment model from September 2014 will provide an opportunity to develop an enhanced understanding of how the model interacts with neighbouring treatment

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			models for criminal justice clients, young people and for those in drug treatment. This process may realise efficiencies as well as provide opportunities for more streamlined treatment journeys.
	Extend to neighbourhoods the successful schemes which encourage responsible drinking and enforcement, so that alcohol-related harm is reduced across the whole city, such as the introduction of the voluntary “super strength free” code for off-licences	AMBER	<ul style="list-style-type: none"> From quarter two of 2013/14 the Super Strength Free (SSF) campaign to reduce the sale of beers, lagers and ciders over 5.5% volume had signed up 80% of city centre venues. The programme is now being expanded to all of the city’s neighbourhoods with the aim of addressing the nuisance, cost and harm represented by the use of cheap strong alcohol. A SSF condition is being sought by Community Protection on all new alcohol license applications in the city.
	Work towards a net reduction in the number of licensed premises and off-licences	AMBER	<ul style="list-style-type: none"> The management of alcohol sales plays an important part in the delivery of alcohol related strategy and management. Strategic leads for licensing are currently considering how best to manage the city’s Cumulative Impact Policy (saturation zone) with regard to managing the number and concentration of licensed premises while accommodating the city’s Time and Place Plan. This is to include the expansion of the city centre saturation zone east and west to protect the Sneinton Market area and Castle district.
	Support national campaigns to tackle alcohol misuse, such as introducing a minimum unit price for alcohol	AMBER	<ul style="list-style-type: none"> Nottingham successfully participated in the Home Office Local Alcohol Action Area. Through this programme and further to the work of the city’s alcohol strategy the ‘Cardiff Model’ of health and police data sharing has been established and the Ending Alcohol Harm communications campaign launched. Nottingham has worked with Drinkaware to develop innovative communications approaches focused on reducing alcohol related sexual harassment while developing the ‘club host’ intervention model. Nottingham has also joined with the Alcohol Concern Blue Light Project to support treatment resistant drinkers into treatment, maximizing the use of referral and case conferencing mechanisms by neighbourhood police and council teams.

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Supporting Older People Priority

	What We Will Do	RAG	Progress and Impact
Headline Outcome	More elderly citizens will report that their quality of life has improved as a result of integrated health and care services	GREEN	<ul style="list-style-type: none"> 83% of citizens report an improved experience of health and social care provision. Target to be established.
Secondary Outcomes	The number of older citizens remaining independent after hospital admission will increase	AMBER	<ul style="list-style-type: none"> Performance improving and just below target for 15/16 (63%/66.7%). Trajectory is upward and will improve further when step up cases are able to be distinguished from step down for reporting purposes
	Develop community health services with social care support based on geographically proximate GP associations	GREEN	<ul style="list-style-type: none"> CDG's are now established mirroring LA area boundaries. Social Care Link Workers are embedded in each CDG.
Key Actions	Provide better information about services and how to contact them so that citizens know what health and social care choices are available locally and who to contact when they need help	AMBER	<ul style="list-style-type: none"> Consultation on requirements for provision of information and advice commencing July 15 to inform commissioning of new directory of provision. Interim solution being developed through self care hubs within each CDG
	Develop a process to identify individuals who will benefit from earlier intervention as well as those requiring support from health and social care services, building on risk stratification, risk registers and data held by relevant agencies	AMBER	<ul style="list-style-type: none"> Healthscope risk stratification methodology now utilised in MDT meetings. Work ongoing to develop a methodology to overlay social care data
	Support citizens to maintain their independence and manage their own care through the creation of effective networks with community, housing and health support services	GREEN	<ul style="list-style-type: none"> Enablement Gateway promoting self care in the community for 120 citizens per month Self Care hubs established – training programme for workforce being delivered
	Ensure that there is a single person responsible for coordinating the care of	GREEN	Care coordinators now embedded in each CCG co-ordinating care of most complex cases

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	citizens with complex needs		
	Restructure and skill up our workforce so that health and social care services work better together to deliver the right care at the right time	AMBER	<ul style="list-style-type: none"> Connecting Care newsletter distributed across the health and social care workforce detailing developments in the Integrated Adult Care Programme Core Knowledge Standard for workforce agreed and being embedded in service specifications Training programmes re care act requirements delivered Further focus on workforce culture to be developed
	Develop a range of transparent quality measures appropriate to the service being delivered and publish the results so that citizens know what standards of service that they can expect and how this is improving	AMBER	<ul style="list-style-type: none"> New LA performance framework in place with RAG rating – this is published for residential care and other service types are being considered for publication Dashboard being developed to collate all performance data in one place across all partner organisations – it is proposed once this is piloted that a summary version will be published
	Increase the number of people signing up to the Nottingham Circle and develop other provision to address social isolation and loneliness	AMBER	<ul style="list-style-type: none"> Nottingham Circle now rebranded as 'Click Nottingham' – membership targets no longer apply - LAEO Phase 1 programmes now being implemented in targeted areas of the City including Community Navigator Pilot All social isolation provision and pilots brought together and now being evaluated through the Self Care strand of the Independence Pathway workstream
	Integrated assessment and reablement services	AMBER	<ul style="list-style-type: none"> Provider proposals for fully integrated service to be considered end of July 15
	Putting more technology into people's homes to support them and their carers	GREEN	<ul style="list-style-type: none"> Assistive Technology target for 2014/15 (4800 over 65's being supported through assistive technology) delivered. Vision for integrated provision agreed
	Creation of a telephone number for citizens requiring both health and social care support	AMBER	<ul style="list-style-type: none"> Provider proposals for fully integrated service to be considered end of July 15

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Early Intervention: Improving Mental Health

Improving early years experiences to prevent mental health problems in adulthood

	What We Will Do	RAG	Progress and Impact
Headline Outcome	We will increase the proportion of children referred for specialist Community Paediatrician assessment due to behavioural problems who have been offered access to earlier parenting intervention	GREEN	The Numbers of referrals into the Behavioural, Emotional and Mental Health (BEMH) pathway since launch on 15.12.15 is 1141 The number of referrals for behavioral and neurodevelopmental concerns: 696 There was an estimation that there would be approximately 75 referrals a month into the BEH team Number of families offered parenting programs: 211 Numbers who are currently provided with parenting interventions: 133 There has been a 58% increase in the number of referrals into the SPA and the BEMH pathway since its launch. From December 2013 – May 2014 there were 722 referrals into the SPA and from December 2014 – May 2015 = 1141 referrals. Since March 2015, 128 referrals have been made and accepted to community paediatricians
Secondary Outcomes	The number of parents and carers who feel well equipped to have a positive influence on their children's behaviour will increase	GREEN	102 parents booked on or have participated in parenting programmes. The Behavioural Emotional Health team has had 98.5% positive feedback from parenting groups with a result of positive impact on their child's behaviour.
	The number of children and families affected by behavioural problems will decrease.	AMBER	This is a long term outcome therefore there is no data on this currently. However the focus on early intervention and prevention within Nottingham City continues with a particular focus on the Small Steps Big Changes programme providing a test bed for interventions to support parents systematically to ensure their children have the best start in life.
	The number of children going on to develop mental health problems in adulthood will decrease	AMBER	This is a long term outcomes therefore there is no data on this currently. . The pathway aims to intervene early and prevent long term mental health
Key Actions	We will ensure appropriate pathways are in place to enable children with behaviour problems to be able to receive specific help earlier	GREEN	The Behaviour, Emotional and Mental Health Pathway was launched in December 2014. This service has prevented inappropriate referrals to the Community Paediatricians and provided systematic support for parents which previously was not available.

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			<p>The aims of the BEMH Pathway are:</p> <ul style="list-style-type: none"> To deliver positive outcomes for children and young people and their families; To ensure that children and young people have their needs identified and met at the earliest opportunity; To prevent behavioural, emotional or mental health needs escalating; To ensure that children and young people who may be experiencing mental health issues or present with difficulties that may indicate possible ASD or ADHD have a timely assessment by the most appropriate professional. <p>All referrals to the BEMH pathway come through the Single Point of Access (SPA) where they are assessed on a case by case basis to determine the best course of actions for the child or young person.</p>
	Providing tailored parenting programmes for citizens whose children at age 0-5 are at highest risk of developing conduct disorders	GREEN	193 children aged between 0-5 years have been referred into the Single Point of Access since the launch of the pathway in December. All children aged 0-5 referred through the pathway are offered support, this support may be by supporting universal services (Health Visitors) in managing these children or referral to targeted support or specialist services or through parenting support in relation to pre-diagnostic symptoms for ADHD or through to Community Paediatricians for ASD diagnosis.
	Commissioning health and wellbeing services jointly for children to ensure resources are deployed efficiently and services work together to give children the best start in life. Including undertaking two joint commissioning reviews in 2013/14 covering all services for children age 0-5 and 6-19	GREEN	<p>The Child Development Review is being undertaken by Nottingham City Council in partnership with Nottingham City Clinical Commissioning Group (CCG) in response to the opportunity for increased integration of commissioning and service delivery offered by the transition of Health Visitors and the Family Nurse Partnership (FNP) to the Local Authority in October 2015.</p> <p>In order to maximize the potential for increased integration, an in-depth review of existing preventative services needed to be undertaken. This would then provide an opportunity to redesign universal / preventative and early help services to be more efficient and evidence-based and to develop</p>

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			<p>one comprehensive written pathway of services for pregnant women, babies, children and young people up to the age of 19, which Nottingham does not presently have.</p> <p>This pathway re-design, co-produced with partners and citizens will ensure a consistency of approach throughout the City, create a mechanism for the Small Steps Big Changes programme (SSBC) to influence system change, increase integrated working to support OFSTED inspections of our Children's Centres and as an Early Intervention City, the process will enable us to identify which programmes and workforce approaches we should invest in and where we can use evidence to improve the system as a whole for our children and young people. It is envisaged that in two years, there will be integrated teams in areas delivering this pathway.</p>
	<p>Work with partners to ensure parents and carers of children involved in parenting interventions are offered the opportunity to access help to improve their literacy and numeracy skills and signpost to advisors for debt management, benefits maximisation, housing, and other related services</p>	AMBER	<p>The following parenting interventions are being provided through the BEMH pathway:</p> <ul style="list-style-type: none"> • 123 Magic • New Forest Parenting Programme. • Cygnet Programme. <p>Sleep Programme (will be running by BEH team September)</p>

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Mental health and employment

	What We Will Do	RAG	Progress and Impact
Headline Outcome	We will support 1,100 people over the next 3 years to remain in work or begin working, through enabling them to be in work where previously their health was a barrier to employment, including a focus on supporting people with mental health problems	AMBER	<ul style="list-style-type: none"> This area of work is being led by the Mental Health and Wellbeing Steering Group which has been set up to oversee the implementation of 'Wellness in Mind', Nottingham's mental health and wellbeing strategy. Mental health and employment stretches across the five strategic priorities of the strategy: promoting mental resilience and preventing mental health problems; identifying problems early and supporting effective interventions; improving outcomes through effective treatment and relapse prevention; ensuring adequate support for those with mental health problems; and improving the wellbeing and physical health of those with mental health problems. The local Nottinghamshire Fit for Work service is jointly commissioned by the Nottingham City CCG and Nottingham City Council (Public Health). The service supports people with health problems to maintain/gain/work towards employment. The service supported 356 individuals during 2014/15: <ul style="list-style-type: none"> 172 (48%) were 'in work' achieving 66% of target, although 90% of these returned to/sustained employment against a target of 70%. 184 (52%) were 'out of work' achieving 111% of target. 27% of this cohort moved into work, volunteering or training (an increase of 15% on 2013/14). 306 (86%) had a long term health condition. 46% reporting mental health problems and 25% reporting musculoskeletal conditions. Although the service has seen a 14% improvement on 2013-14, this service is unlikely to achieve the overall target of support for 1100 individuals as a total of 662 people were supported between 2013-15. This in part has been influenced by budgetary pressures which have resulted in the service facing uncertainty as it has been commissioned annually. The Nottingham Jobs Fund is offering a grant of £2500 to employers taking on unemployed city residents with an extra £500 to support people with additional barriers such as health conditions. Work Choice funded by the DWP provides a voluntary, tailored, coherent range of specialist employment services responding to the individual needs

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			<p>of disabled people and their employers.</p> <p>Next Steps</p> <ul style="list-style-type: none"> • Referrals to the Fit for Work service to be increased through ongoing proactive marketing of the service, particularly to avoid confusion with the newly launched national Fit for Work programme. • The Building Health Partnerships initiative is currently ongoing and is aimed at improving partnership working to drive improvements around health and employment support. • The new national 'Fit for Work' service is being introduced in Nottingham from July 2014. This telephone assessment service will support people off sick for more than 4 weeks but not those who are out of work or self-employed. It is unclear how this new service will impact on referrals to Nottinghamshire Fit for Work. • Learning and best practice is being shared by both the Skills and Employment and Public Health Core Cities Groups. • An appraisal is being undertaken on the most appropriate health and employment service to support citizens in Nottingham to sustain or return to employment post March 2016.
Secondary Outcomes	Increase the proportion of people living with diagnosed mental health conditions who are in employment	AMBER	<ul style="list-style-type: none"> • Reported employment rates of those with severe mental illness remains low in the city but there are inconsistencies in the national approaches to measure the rates. The employment rate of people with mental health problems is officially reported in 4 different ways, through the Public Health, Adult Social Care and NHS Outcomes Frameworks, as well as the CCG Outcomes Indicator Set. At a local level Nottinghamshire Healthcare Trust report employment data to CCG commissioners. • The Adult Social Care Outcomes Framework reports employment rates of those on 'Care Programme Approach' (CPA), who are the group with the most severe mental health problems under the care of secondary mental health services. The reported figure for Nottingham in 2013/14 is 1.5%, compared to similar Local Authorities of 4.7%. It is not yet known to what extent local clinical practice in the use of CPA affects this rate compared to areas served by different mental health services. • The NHS Outcomes Framework, based on a population survey reports an

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			<p>employment rate of people with mental health problems in the community of 32% for the final quarter of 2014 compared to 69% in the wider population. However this rate fluctuates greatly at local level with hugely varying estimates of levels of mental health problems, with no confidence intervals reported.</p> <ul style="list-style-type: none"> The CCG Outcome Indicator Set reports the employment of those in contact with secondary mental health services and breaks it down depending on the type of mental health problems. For Nottingham City there is reported 2.4% employment rate of those with psychosis compared to a rate of 7.2% for those with mental health problems without psychosis. However recording levels were reported to be at 14%. The Public Health Outcomes Framework compares the level of employment of those on CPA with the general population rate. In summary reported employment rates of those with severe mental illness remains low. <p>Next steps</p> <ul style="list-style-type: none"> Nottingham City Council Public Health, Nottingham City CCG and Nottinghamshire Healthcare Trust are working together to improve data quality and reporting.
	Improve the quality of jobs that people with mental health problems are able to access	AMBER	<ul style="list-style-type: none"> Work Choice funded by the DWP (see above) <p>Next Steps</p> <p>Approaches to be considered as part of the mental health strategy priority 4 action plan.</p>
	Ensure that people with mental health problems have access to joined up support to help them in gaining and maintaining employment	AMBER	<ul style="list-style-type: none"> The Fit for Work Service provides access to support for people to gain and maintain employment. Work Choice funded by the DWP (see above) More IAPT provision has been commissioned and referrals are being taken from all agencies. <p>Next Steps</p> <ul style="list-style-type: none"> The mental health training for a cross-sector range of front-line workers will be rolled out from Summer 2015. This will raise awareness and increase signposting

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Key Actions	Promote openness and awareness regarding mental health problems and how to maximise health and wellbeing amongst employers and the general population	AMBER	<ul style="list-style-type: none"> A comprehensive mental health training programme has been commissioned by Nottingham City CCG and Nottingham City Council (Public Health). Nottingham City Council has signed up to the Time to Change initiative aimed at reducing stigma and discrimination. Current workplace policies and practices on mental health and wellbeing are being examined across all organisations represented on the Health and Wellbeing Board. Mental health and wellbeing promotion is ongoing. <p>Next Steps</p> <ul style="list-style-type: none"> To evaluate the pilot year of the mental health training. To develop a planned approach to encourage more employers to adopt workplace mental health best practice. To encourage organisations to commit to Time to Change under the 'employers Pledge' and 'Blue Light' programme. Every Colleague Matters Week October 2015 is to have a mental health focus.
	Work with the voluntary sector to allow people to get the mental health benefits of being in work in other ways than through paid employment alone	AMBER	<ul style="list-style-type: none"> Integrated links have been established with the DWP to focus on developing more opportunities for unpaid work experience. Cllr Jackie Morris has agreed to promote volunteering during her mayoral year – numerous approaches will be taken under the Looking After Each Other umbrella and any projects which sit underneath it.
	Work with communities, schools and colleges to help encourage an understanding and willingness to discuss mental health illness to reduce stigma.	AMBER	<p>As part of priority 1 of the mental health strategy, a multi-faceted mental health literacy programme is being developed (see above). This will emphasise the <i>5 ways to Wellbeing</i>. Nottingham has also committed to support the <i>Time to Change</i> initiative which is focusing on reducing stigma.</p> <ul style="list-style-type: none"> Healthy Schools Team and the Health Improvement Co-ordinator are working with schools to promote The Public Health England document 'The link between pupil health, wellbeing and attainment' and 'The Future in Mind' document published by the Children and Adolescent mental health task force. Healthy Schools Team and the Health Improvement Co-ordinator are working with schools to provide information on World Mental Health Day

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			<p>which has a focus on dignity.</p> <ul style="list-style-type: none"> The emotional health and wellbeing including social and emotional resilience and anti-bullying is one of the priority issues for the Healthy Schools Team to support schools. Public health consultants are working with the Directors of Education to improve relationships with schools and ensure schools are recognising the importance of emotional health and wellbeing for school pupils. Healthy improvement facilitator is mapping all services commissioned by schools to improve emotional health and wellbeing <p>Healthy Schools have developed a resource for secondary aged pupils (part of PSHE). This is called the AWARE programme. The aims are:</p> <ul style="list-style-type: none"> To equip young people with the skills to assess risk and make safe informed choices To consider the potential consequences of harmful risk-taking behaviour To identify sources of help and develop the skills to allow them to access this support To increase self-esteem and confidence through the development of social and emotional skills leading to an increase in resilience To support curriculum and pastoral staff to explore models and methods to deliver risk education based on pupils needs and established therapeutic and educational social/emotional intervention principles.
	Consider ways in which Nottingham City Council can be an exemplar employer by ensuring that policies to support employees with mental health problems are translated to their experience 'on the ground'.	AMBER	<ul style="list-style-type: none"> Nottingham City Council has committed to the Local Authority Mental Health Challenge. The portfolio holder for adults and health is the mental health champion and taking a proactive lead in improving mental health and wellbeing in the city. Nottingham City Council has joined the national Public Health England (PHE) Workplace Wellbeing Charter scheme. The Council has signed up to the Time to Change initiative Mental health training workshops are offered for managers and specific advice is available for managers to help make reasonable adjustments for colleagues with mental health problems. Twice monthly wellbeing clinics (PAM Assist) provide mental health advice

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			<p>and support have been introduced for employees.</p> <ul style="list-style-type: none"> • A range of mental health training opportunities are available for care staff. • Accredited free distance learning on mental health has been introduced for any member of staff. • NICE recommendations for mental health training for managers and supervisors is being promoted. <p>Next steps:</p> <ul style="list-style-type: none"> • The newly commissioned mental health training programme will be offered to front line staff. • A Health and Wellbeing for Work Strategy is being developed by the Employee Wellbeing Team supported by Public Health. • To carry out a review of current workplace policies and practices related to mental health across organisations forming the Health and Wellbeing Board.
	Provide support to employers of all sizes to adapt their business to provide support for individual employees, flexible ways of working to maximise mental wellbeing and allow staff to remain in work and promote employee wellbeing to reduce the impact of mental health problems.	AMBER	<ul style="list-style-type: none"> • Organisations are being encouraged to adopt the approaches itemised in the previous section. • The Occupational Health Service at Nottingham City Council provides support to employers.
	Providing programmes to help at least 300 citizens on Jobseekers Allowance return to work where health has been a barrier.	AMBER	<ul style="list-style-type: none"> • Fit for Work engaged 184 unemployed clients (11% of the target 166). 50 (27%) of these individuals got back into work/volunteering/training. Out of the 184 clients, 16 were supported into employment. • Nottingham Jobs Fund
	Providing programmes to help at least 800 citizens manage their health condition so that they can remain in work.	AMBER	<ul style="list-style-type: none"> • In 2014-15 Fit for Work engaged 172 clients (66% of the target 260). 90% individuals (exceeding the 70% target) returned to or were sustained in employment. • 99% patients reported satisfaction with the service and 72% reported that the service has helped them to stay in, return to or be closer to getting back into work.

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Changing culture and systems: Priority Families Priority

	What We Will Do	RAG	Progress and Impact
Headline Outcome	<p>For phase 2 (commencing 2015) we will engage 3,870 targeted families with the Priority Families programme by 2020. At least 75% of these families will have seen significant and sustained improvements by 2020 across the following criteria (as identified for each family):</p> <ul style="list-style-type: none"> • Crime and Anti-social Behaviour, • School Attendance, • Children who need help • Worklessness, • Domestic Violence and Abuse, • Health <p>Changing systems and culture to be achieved through workforce development and public sector service transformation.</p>	GREEN	<ul style="list-style-type: none"> • Early starter target of 5% of families (194) to be engaged in the programme by March 31st 2015 achieved. • Government 1 day progress visit completed 29 June – pleased with progress on new phase. • First claim point for outcomes results payments September 2015 – tracking families progress for claims. • 414 partnership workers trained in the approach • Priority Families working with the following transformation projects and services: <ul style="list-style-type: none"> ○ Rebalancing project (employment) ○ St Ann's DV project ○ Edge of Care Hub ○ MST
Secondary Outcomes	<p>We will aim to achieve the following outcomes: Engage the target number of families for each year and provide the following data against progress to achieve outcomes (across 6 criteria and 36 indicators):</p> <ul style="list-style-type: none"> • Progress against year target for engaging families • Number of families that have 	AMBER	<ul style="list-style-type: none"> • 2015 target 852 families, 204 engaged at end April. <p>Support time average is 6 months before 'wait' period commences that is 6 – 12 months to evidence sustainable outcomes/impact. New cohort of families will be screened during August to see if any carried forward from phase 1 where work was still ongoing have successfully achieved outcomes and completed sustainable 'wait' periods. Claims are likely to be minimal at first claim point. There are 15 employment outcomes being tracked as possible claims. Data against reporting targets in the left hand column will be available to the HWBB at the next reporting point.</p>

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	What We Will Do	RAG	Progress and Impact
	<p>achieved outcomes and are in sustainable 'wait' period prior to results claims</p> <ul style="list-style-type: none"> • Number of families achieving sustained outcomes and claimed or identified for next claim window • Number of regressions in reporting period • Number of families achieving employment and in 'wait' period for continuous employment claim • Number of families achieving sustained continuous employment and claimed or identified for next claim window • Number of employment regressions in reporting period 		
	Selecting the initial group of families according to the Government criteria	AMBER	<ul style="list-style-type: none"> • Early starter cohort of 5% of families (194) to be engaged in the programme by March 31st 2015 achieved. • 50% of year target (852 families) to be engaged by September 15 • Priority cohorts identified with partnership and new systems and processes in development to support broader criteria and larger target numbers and support allocation of families. • Interim processes for partnership allocation adapted from existing partnership action meetings and now meeting weekly (was monthly)
	Providing a lead professional or Family Partnership Worker to be accountable for the relationship with each family	AMBER	<ul style="list-style-type: none"> • Refresh and continue to roll out training to partnership staff to take on role of 'Family Partnership Worker' and provide a single point of contact holding and engaging families in support through building relationships of trust:

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	What We Will Do	RAG	Progress and Impact
	The 'worker' will have the support of all agencies involved with the family and will have strong supervision		<ul style="list-style-type: none"> • Training refreshed to meet current needs and programme phase. New bite sized overview training added as refresher and manager training. Now mandatory to complete Signs of Safety training before booking Priority Families worker training – improving safe practice, especially in support of partner agencies. • Currently over 400 staff trained in the approach. Workers receiving mentoring alongside supervision to provide robust support in embedding new methodology. In addition to staff supporting mentoring six more will be added to provide full time mentoring – taken from existing reserved funding lines for Accredited Practitioners and FIP team staff. • Partnership Accredited Practitioners are acting as change champions in their parent organizations as well as in their designated specialist and geographical areas, developing and assuring partnership engagement – current foci is schools.
	Undertaking a whole family assessment for each family, supported by a Whole Family Plan. More specialist assessments will be provided to support the plan where needed	AMBER	<ul style="list-style-type: none"> • Allocated Priority Families have assessments, consents and plans on the interim online platform. These are baselined and reviewed six weekly until closure. Online monitoring forms are also completed against outcomes. Data feeds into national submissions. • Reviewing CAFs to identify eligible families that would gain additional benefit from the Priority Families approach – resolving some issues with consents to enable national data submissions and outcome tracking. • Assessment training developed for partnership workers to identified CPD need.
	Support the workforce to deliver culture and practice change in line with this work	GREEN	<ul style="list-style-type: none"> • Further 114 partnership workers trained since January and training scheduled to June 2016. • 6 more mentors to be recruited to support existing mentors from FIP and partnership Senior Practitioner (Accredited Practitioner) to embed the approach with newly trained workers. • Partnership workforce strategy leads co-opted to membership of national working group on workforce development, supporting development of national occupational standards training in working with families.
	Develop a single interagency database of families who are	AMBER	<ul style="list-style-type: none"> • Information Sharing Agreements part A in place for identification of families with police, probation, ASB, and Futures. Health ISA in final

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	involved with the following programmes and services, to ensure appropriate support is provided: Ending gang and youth violence (EGYV) Family Intervention Project Youth Offending Team Priority Families		<p>stages.</p> <ul style="list-style-type: none"> Part B ISA annexes for evidencing outcomes to be completed and signed by mid July. Part A and B will combine with local authority data to create the biggest matched database for complex needs families in the city (YOT and FIP data already entered). Work in progress to develop revised front door mechanisms that will use the Priority Families database as the core of service delivery – Programme Board supporting development of partnership elements Linked to project Evolution that is delivering a new corporate case system for children's and adults services – ensuring database can link and that there will be partner secure access to joint work.
Rolling out to social care	Edge of Care Hub	GREEN	<ul style="list-style-type: none"> Hub progress since 1st January 23 families supported, 56 presenting children kept out of care, net savings (after cost of service and variance of 30% deducted) £457,996 against an annual target of £693K Business change work in progress around social care and Priority Families systems to enable further pilot work with social care teams and other partners.
Progress nationally	Bi-Annual Face to Face Progress check with DCLG	GREEN	<ul style="list-style-type: none"> First progress check for phase 2 completed successfully 30 June 2015.

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